FORM D	Į	INIT	ED.	STA	TES			C	MB APPR	OVAL
2	SECURITIES A	ND I	EXC	HAN	GE CO	MISSIO		OMB Nun		35-0076
	Wa	shing	gton,	, D.C	. 20 54 9	C HECEIVE	D KEE		April 30, 200	
				,		ACID A			average bu response	16
		F	OR	MÌ		SEP 05	2006)		- vopouo-	
					The state of the s	<u> </u>	(2)		SEC USE O	NLY
06046279	NOTICE PURSUA	OF S	ALE	OF	SECUR	EDES 209		Prefix		Serial
000 10210					ND/OR		<i>7</i>	١,		1
101000 - UNI	FORM LIMIT					EXEMP	TION		ATE RECE	TVFD
155 1305									ATE RECI	
lame of Offering (☐ check if this is an a land the land	0,000 Offering								- 188 to -	
iling Under (Check box(es) that apply):	☐ Rule 504		□R	ule 50	15	⊠ Rule 506		Section 4(6)	□ U	LOE
ype of Filing: 🛛 New Filing 🔲	Amendment									
	A. BAS	SIC II	DEN'	TIFI	CATION	N DATA				
. Enter the information requested about t	he issuer:									
lame of Issuer: (check if this is an a link Enclave Apartments, LLC	amendment and name	has c	hange	ed, an	d indica	te change.)				
Address of Executive Offices					ity, Stat	e, Zip Code)		one Number	(Including A	rea Code)
Hutton Centre Drive, Suite 700, Sanddress of Principal Business Operations					it. Ctat	e, Zip Code)		88-7348 one Number	(Including A	rao Codo)
•	(Munic	Jei an	u su	eei, C	ny, Stati	e, Zip Code)	Telepho	one number	(including A	dea Code)
if different from Executive Offices)							<u></u>			
rief Description of Business: Own an apartment community located i	n High Point, North	Caro	lina							
ype of Business Organization						T				
•	limited partnership, a	lread	y fort	med		other (pl	ease spec	ify): Limited	l Liability C	Company
·	limited partnership, to									
	<u> </u>	Mo			Year					
actual or Estimated Date of Incorporation	or Organization:	0	2		0 6		☐ Est	timated		
urisdiction of Incorporation or Organizati	on: (Enter two-lette	r U.S	. Pos	tal Se	rvice abl	breviation for S	State:			
	CN for Canada:	FN f	or otl	her fo	reign jui	risdiction)	D	E		
GENERAL INSTRUCTIONS										
'ederal:										
The Must File: All issuers making an offering Then to File: A notice must be filed no later to										
fommission (SEC) on the earlier of the date it is	•					-				_
as mailed by the United States registered or ce					. 5.	2 00540				
There to File: U.S. Securities and Exchange C opies Required: Five (5) Copies of this notice							d. Any co	pies not manu	ally signed m	ust be photocopies
f the manually signed copy or bear typed or pr	inted signatures.						-	•		•
Iformation Required: A new filing must conformation requested in Part C, and any mater EC.										

iling Fee: There is no federal filing fee.

his notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that ave adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a ate requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the propriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

> Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.



Enter the information re-	quested for the fo		ENTIFICATION DAT	A	
Each promoter of	the issuer, if the	issuer has been organized	within the past five year	s;	
Each beneficial o securities of the in		power to vote or dispose, o	or direct the vote or dispo	osition of, 10% or	more of a class of equity
Each executive of	fficer and directo	r of corporate issuers and c	of corporate general and	managing partners	s of partnership issuers; and
• Each general and	managing partne	r of partnership issuers.			
eck Box(es) that Apply		☐ Beneficial Owner	☑ Executive Officer	☐ Director	☐ General and/or Managing Partner
l Name (Last name first ompson, Anthony W.	, if individual)				
siness or Residence Add 51 N. Tustin Avenue, S		mber and Street, City, State Ana, California 92705	e, Zip Code)		
eck Box(es) that Apply	☐ Promoter	☐ Beneficial Owner		☐ Director	☐ General and/or Managing Partner
l Name (Last name first orhies, Talle	, if individual)			-	
siness or Residence Add Hutton Centre Drive,		mber and Street, City, State ata Ana, California 92			
eck Box(es) that Apply	☐ Promoter	☐ Beneficial Owner	☑ Executive Officer	☐ Director	☐ General and/or Managing Partner
l Name (Last name first urer, Jack	, if individual)				
siness or Residence Add Hutton Centre Drive,	,	mber and Street, City, State nta Ana, California 92	•		
eck Box(es) that Apply	☐ Promoter	☐ Beneficial Owner	☑ Executive Officer	☐ Director	☐ General and/or Managing Partner
l Name (Last name first	, if individual)				
siness or Residence Add	ress (Nu	mber and Street, City, State	e, Zip Code)		
1 N. Tustin Avenue, S	uite 200, Santa A	Ana, California 92705			
ck Box(es) that Apply	Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
l Name (Last name first N Housing, LLC	, if individual)				
siness or Residence Add 51 N. Tustin Avenue, S	`	mber and Street, City, State Ana, California 92705	e, Zip Code)		
eck Box(es) that Apply	☐ Promoter	☐ Beneficial Owner	☑ Executive Officer	☐ Director	☐ General and/or Managing Partner
l Name (Last name first ers, Scott	, if individual)				
siness or Residence Add	•	mber and Street, City, State Ana, California 92705	e, Zip Code)	_	
eck Box(es) that Apply	Promoter	Beneficial Owner	r 🛛 Executive (Officer 🛛	Director General and/or

(Number and Street, City, State, Zip Code)

all Name (Last name first, if individual)

Hutton Centre Drive, Suite 700, Santa Ana, California

ichard T. Hutton, Jr.

usiness or Residence Address

•					
. Enter the information re	equested for the fo		DENTIFICATION DAT	A	
Each promoter o	f the issuer, if the	issuer has been organize	d within the past five year	·s;	
Each beneficial of securities of the interest of the inte	_	power to vote or dispose,	or direct the vote or disp	osition of, 10% or a	more of a class of equity
Each executive or	fficer and directo	r of corporate issuers and	of corporate general and	managing partners	of partnership issuers; and
Each general and	l managing partne	er of partnership issuers.			
Theck Box(es) that Apply	☐ Promoter	☐ Beneficial Owner	Executive Officer	☑ Director	☐ General and/or Managing Partner
full Name (Last name first	, if individual)				
Business or Residence Add	Iress (Nu	mber and Street, City, Sta	nte Zin Code)		
Hutton Centre Drive, S	`	* .	ne, zip code)		
Theck Box(es) that Apply	☐ Promoter	☐ Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner
full Name (Last name first	, if individual)				
Business or Residence Add	iress (Nu	mber and Street, City, Sta	nte, Zip Code)		
Check Box(es) that Apply	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
full Name (Last name first	, if individual)				
Business or Residence Add	iress (Nu	mber and Street, City, Sta	ate, Zip Code)		
Check Box(es) that Apply	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
'ull Name (Last name first	t, if individual)				
Business or Residence Add	dress (Nu	mber and Street, City, Sta	ate, Zip Code)		
heck Box(es) that Apply	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
'ull Name (Last name first	; if individual)			- 4.1	
Business or Residence Add	iress (Nu	mber and Street, City, Sta	ate, Zip Code)		
heck Box(es) that Apply	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
'ull Name (Last name first	t, if individual)		· · · · · · · · · · · · · · · · · · ·		
Jusiness or Residence Add	iress (Nu	mber and Street, City, Sta	ate, Zip Code)		
heck Box(es) that Apply	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
ull Name (Last name first	, if individual)				

(Number and Street, City, State, Zip Code)

Susiness or Residence Address

	•			D	INFORMA	TION ARC	VIT OFFE	DINC				
		 -									Yes	No
. Has	the issuer so	old, or does	the issuer in	tend to sell,	to non-accre	dited invest	ors in this o	ffering?	••••••			⊠
				Answer als	so in Appen	dix, Columr	2, if filing	under ULO	Ξ.			
. Wh						individual?			•••••	•••••	\$ <u>\$</u> 2	<u>25,000</u>
. Doe											Yes	No
. Бос	S the offerm	g permit jor	iii ownersiii	or a single	u iiit			••••••••	***************************************	••••••	🔼	u
or s liste of tl	similar remured is an associated he broker or	neration for ciated perso dealer. If n	solicitation n or agent o nore than fiv	of purchases f a broker or e (5) persons	rs in connec r dealer regi	tion with sa stered with	des of secur the SEC and	ities in the Vor with a s	offering. If tate or states	a person to b , list the nam	ne ne	
		ne first, if in	dividual)									
usiness	or Residenc	e Address (Number and	l Street, City	, State, Zip	Code)				 		
Huttor	Answer also in Appendix, Column 2, if filing under ULOE. Answer also in Appendix, Column 2, if filing under ULOE. What is the minimum investment that will be accepted from any individual? S_25,000 (Issuer reserves the right to self fractional units) Yes N											
tates in	Which Perso	on Listed Ha	as Solicited	or Intends to	Solicit Purc	hasers						
		l States" or	check indiv	idual States).		•••••				• • • • • • • • • • • • • • • • • • • •	🗖 A	ll States
AL]												[ID]
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ull Nan	ne (Last nam	ne first, if in	dividual)	·····								
usiness	or Residenc	e Address ((Number and	Street, City	, State, Zip	Code)					·	
ame of	Associated l	Broker or D	ealer									
tates in	Which Perso	on Listed Ha	as Solicited	or Intends to	Solicit Purc	hasers						
iaios iii											ПΔ	II States
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uli Nan	ne (Last nan	ne first, if in	dividual)									
lusiness	or Residenc	e Address	(Number and	Street, City	, State, Zip	Code)					 	
T		D 1 =					_					
lame of	Associated	Broker or D	ealer									
tates in	Which Perso	on Listed H	as Solicited	or Intends to	Solicit Purc	hasers					<u> </u>	
	(Check "Al	l States" or	check indiv	idual States)							🛮 А	Il States
AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]					[H1]	[ID
IL] MT]												[MO
RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero". If the transaction is an exchange offering, check this box \(\sigma\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.				·
Type of Security	Aggre Offering			mount ady Sold
Debt	\$			0
Equity	\$	0	\$	0
□ Common □ Preferred				
Convertible Securities (including warrants)	\$	0	\$	0
Partnership Interests	\$	0	\$	0
Other (Interests/LLC Units)	\$7,0	000,000	\$	0
Total	\$7,0	00,000	\$	0
Answer also in Appendix, Column 3, if filing under ULOE.				
Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero".				
Accredited Investors	Num Inves		Dolla of P	gregate ar Amount urchases 0
Non-accredited Investors	0			0
Total (for filings under Rule 504 only)				
Answer also in Appendix, Column 4, if filing under ULOE.			J	
If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.				
Type of Offering	Тур		Dolla	ar Amount
Rule 505	Secu	rity		Sold
Regulation A				
Rule 504				
Total				
Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.			Ψ	
Transfer Agent's Fees		👝	\$. 0
Printing and Engraving Costs			\$	8,000
Legal Fees			\$	40,000
Accounting Fees			\$	2,000
Engineering Fees			\$	0
Sales commissions (specify finders' fees separately)			\$	490,000
Other Expenses (identify) (organization and marketing and expense reimbursement)			\$	370,000

Total

910,000

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

)
Payments To Others
\$0
0 \$ 4,575,000
0
\$0
\$0
<u>0</u>
\$ 482,000
\$ <u>163,750</u>
\$
0 \$ 5,220,750
⊠ \$ <u>6,090,000</u>
e 505, the following quest of its staff, the
-

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

<u> </u>	E. STATE SIGNATURE		
Is any party described in 17 CFR 230.252 pre-	sently subject to any of the disqualification provisions of such rule?	Yes	No ⊠
See Appendix,	Column 5, for state response.		
The undersigned issuer hereby undertakes to CFR 239.500) at such times as required by sta	furnish to any state administrator of any state in which this notice is filed, a not tee law.	ice on Fo	rm D (17
The undersigned issuer hereby undertakes to offerees.	o furnish to the state administrators, upon written request, information furnished	d by the	issuer to
•	ssuer is familiar with the conditions that must be satisfied to be entitled to the which this notice is filed and understands that the issuer claiming the availability itions have been satisfied.		
e issuer has read this notification and knows the	e contents to be true and has duly caused this notice to be signed on its behalf by	the under	signed duly
horized person.	7		
uer (Print or Type) NN Enclave, LLC	Signature Date March 10, 200)6	
	Title (Print or Type)		
me (Print or Type)	Executive Vice President, Triple Net Properties, LLC, Sole		

struction:

int the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be anually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

· .				APPEND	IX					
1		2	3		4			Disqualific State ULC	ation under	
		o sell to	Type of security and		m c1			attach expl	anation of	
		credited s in State	aggregate offering price offered in State		Type of Inva			waiver granted) (Part E – Item 1)		
	(Part B	- Item 1)	(Part C – Item 1) \$7,000,000 Interests	Number of	(Part C –	Item 2) Number of	1			
			and LLC Units	Accredited		Non-				
State	Yes	No	("Units")	Investors	Amount	Accredited Investors	Amount	Yes	No	
AL		Х	Units - \$7,000,000						х	
AK		Х	Units - \$7,000,000						X	
AZ		Х	Units - \$7,000,000						X	
AR		Х	Units - \$7,000,000						Х	
CA		Х	Units - \$7,000,000						Х	
со		X	Units - \$7,000,000						х	
СТ		Х	Units - \$7,000,000						х	
DE		Х	Units - \$7,000,000						X	
DC		х	Units - \$7,000,000						X	
FL		Х	Units - \$7,000,000						х	
GA		Х	Units - \$7,000,000						X	
НІ		х	Units - \$7,000,000						X	
ID		х	Units - \$7,000,000						х	
IL		х	Units - \$7,000,000						X	
IN		X	Units - \$7,000,000						x	
IA		Х	Units - \$7,000,000						X	
KS		Х	Units - \$7,000,000						X	
KY		х	Units - \$7,000,000						X	
LA		Х	Units - \$7,000,000						X	
ME		Х	Units - \$7,000,000						X	
MD		х	Units - \$7,000,000						X	
MA		Х	Units - \$7,000,000						Х	
MI		X	Units - \$7,000,000						X	
MN		x	Units - \$7,000,000						х	
MS		X	Units - \$7,000,000						Х	
МО		X	Units - \$7,000,000						х	
MT		Х	Units - \$7,000,000						х	
NE		Х	Units - \$7,000,000						X	
NV		Х	Units - \$7,000,000						X	
NH		Х	Units - \$7,000,000						X	
NJ		Х	Units - \$7,000,000						X	
NM		Х	Units - \$7,000,000						X	

·				APPEND	IX				
1	,	2	3		4			Disqualific	S ation under DE (if yes,
	non-acc	o sell to credited s in State	Type of security and aggregate offering price offered in State		attach explanation of waiver granted) (Part E - Item 1)				
ļ	(Part B	- Item 1)	(Part C – Item 1) \$7,000,000 Interests	Number of	(Part C -	Item 2) Number of	T		T
State	Yes	No	and LLC Units ("Units")	Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No
NY									
NC		х	Units - \$7,000,000						х
ND		Х	Units - \$7,000,000						х
ОН		Х	Units - \$7,000,000						X
ОК		Х	Units - \$7,000,000						X
OR		Х	Units - \$7,000,000						X
PA		Х	Units - \$7,000,000						х
RI		х	Units - \$7,000,000						Х
SC		Х	Units - \$7,000,000						X
SD		Х	Units - \$7,000,000						х
TN		Х	Units - \$7,000,000						Х
TX		X	Units - \$7,000,000						X
UT		Х	Units - \$7,000,000						Х
VT		Х	Units - \$7,000,000						X
VA		Х	Units - \$7,000,000						X
WA		х	Units - \$7,000,000						x
wv		Х	Units - \$7,000,000						х
WI		х	Units - \$7,000,000						X
WY		Х	Units - \$7,000,000				q		х
PR									

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